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Bib Data Sheet

CONFIRMATION NO. 5274

SERIAL NUMBER 10/696,698	FILING DATE 10/29/2003 RULE	CLASS 221	GROUP ART UNIT 3653	ATTORNEY DOCKET NO. 7261.3002.002
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** CONTINUING DATA *****

This appln claims benefit of 60/497,843 08/26/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	AL	6	55	4
Examiner's Signature	Initials			

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TITLE

Medication dispensing method and apparatus

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		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

743		<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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